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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Housing Authority Insurance Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
189 Commerce Court

City or town, state or province, country, and ZIP or foreign postal code
Cheshire, CT 064100189

D Employer identification number
22-2935104

E Telephone number
(203) 272-8220

G Gross receipts $ 7,140,479

F Name and address of principal officer
John Thomson
189 Commerce Court
Cheshire, CT 064100189

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HOUSINGCENTER COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
DEVELOPMENT AND MARKETING OF RISK MANAGEMENT AND INSURANCE PROGRAMS FOR PUBLIC HOUSING AUTHORITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	1,700,035	1,753,832
	9	Program service revenue (Part VIII, line 2g)	4,670,634	4,750,000
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	636,647
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,370,669	7,140,479
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,861,794	2,183,326
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,741,029	2,198,271
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,980,908	3,537,607
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,583,731	7,919,204
	19	Revenue less expenses Subtract line 18 from line 12	-213,062	-778,725
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	2,855,166	1,980,602
	21	Total liabilities (Part X, line 26)	2,124,352	1,516,316
	22	Net assets or fund balances Subtract line 21 from line 20	730,814	464,286

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2016-08-12
Signature of officer Date

John C Thomson President and CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kristin Anderson	Kristin Anderson			P01231300

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 175 Powder Forest Drive
Simsbury, CT 060897902 — Phone no (860) 678-9200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

DEVELOPMENT AND MARKETING OF RISK MANAGEMENT AND INSURANCE PROGRAMS FOR PUBLIC HOUSING AUTHORITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,572,205 including grants of $ 2,185,016) (Revenue $ 5,386,647)

DEVELOPMENT OF INSURANCE PROGRAMS FOR PUBLIC HOUSING AUTHORITIES, RISK MANAGEMENT EDUCATIONAL SERVICES FOR MEMBER PUBLIC HOUSING AUTHORITIES

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 4,572,205

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a** 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		

Part VI **Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ SARAH RODRIGUEZ 189 COMMERCE COURT CHESHIRE, CT 064100189 (203) 272-8220

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,049,386	2,846,365	1,318,329

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 14

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CONE COMMUNICATIONS LLC 855 BOYLSTON STREET BOSTON, MA 02116	PUBLIC RELATIONS SERVICES	702,167
Deloitte Consulting LLP 4022 Sells Drive Hermitage, TN 37076	Consulting Services	401,247
Arent Fox LLP PO Box 644672 Pittsburgh, PA 15264	Consulting Services	255,365
Holland & Knight LLP PO Box 864084 Orlando, FL 32886	Legal Services	228,842

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . .

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d 1,753,832				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,753,832			
Program Service Revenue		Business Code				
	2a MEMBERSHIP FEES	900099	4,750,000	4,750,000		
	b					
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f . . . . . ▶		4,750,000			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0 / 0				
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	0 / 0				
	d Net gain or (loss) . . . . . ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . .	a				
	b Less direct expenses . . .	b				
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . .	a				
	b Less direct expenses . . .	b				
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances .	a				
	b Less cost of goods sold . .	b				
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a CONTRACTED SERVICES - AHAB	900099	636,647	636,647		
	b					
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d . . . . . ▶		636,647			
	12 **Total revenue.** See Instructions . . . . . ▶		7,140,479	5,386,647	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,052,536	2,052,536		
2 Grants and other assistance to domestic individuals See Part IV, line 22	130,790	130,790		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,872		154,872	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,414,793	232,754	1,182,039	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	154,378	26,021	128,357	
9 Other employee benefits	395,510	43,992	351,518	
10 Payroll taxes	78,718	18,410	60,308	
11 Fees for services (non-employees)				
a Management	216,489	1,691	214,798	
b Legal	693,903	602,486	91,417	
c Accounting	34,557	17,004	17,553	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,393,620	1,355,496	38,124	0
12 Advertising and promotion	26,470		26,470	
13 Office expenses	187,716	5,718	181,998	
14 Information technology	83,790	13,458	70,332	
15 Royalties				
16 Occupancy	12,115		12,115	
17 Travel	189,967	62,861	127,106	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	122,084		122,084	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,457		67,457	
23 Insurance	49,615		49,615	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EMPLOYEE REIMBURSEMENT	126,462		126,462	
b PROFESSIONAL DEVELOPMENT	16,346	2,845	13,501	
c TELEPHONE	15,537	1,451	14,086	
d DUES & SUBSCRIPTIONS	13,207	200	13,007	
e All other expenses	288,272	4,492	283,780	0
25 **Total functional expenses.** Add lines 1 through 24e	7,919,204	4,572,205	3,346,999	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,938,639	1	1,039,483
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		61,613	9	50,147
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 0			
	b	Less accumulated depreciation	10b 0	0	10c	0
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		854,914	15	890,972
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,855,166	16	1,980,602
Liabilities	17	Accounts payable and accrued expenses		183,301	17	107,368
	18	Grants payable			18	
	19	Deferred revenue		1,207,148	19	953,317
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		733,903	25	455,631
	26	**Total liabilities.** Add lines 17 through 25		2,124,352	26	1,516,316
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		730,814	32	464,286
	33	Total net assets or fund balances		730,814	33	464,286
	34	Total liabilities and net assets/fund balances		2,855,166	34	1,980,602

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,140,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,919,204
3	Revenue less expenses Subtract line 2 from line 1	3	-778,725
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	730,814
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	512,197
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	464,286

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 22-2935104
Name: Housing Authority Insurance Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Linnie WILLIS CHAIR	1 0 3 0	X		X				5,970	38,250	0
Daniel Labrie CEO Director & President	17 0 15 0	X		X				248,178	315,864	273,840
CHRISTINE Hart VICE CHAIR	1 0 3 0	X		X				5,423	34,747	0
James DIPAOLO Director	1 0 3 0	X						4,551	29,159	0
TYRONE GARETT DIRECTOR	1 0 3 0	X						2,462	15,778	0
Joseph SHULDINER DIRECTOR	1 0 3 0	X						2,462	15,778	0
Edwin LOWNDES DIRECTOR	1 0 3 0	X						3,942	25,258	0
Russell Young Director	1 0 3 0	X						7,425	47,575	0
Lyle Glen REDDING JR DIRECTOR	1 0 3 0	X						2,867	18,373	0
Douglas Dzema DIRECTOR	1 0 3 0	X						3,942	25,258	0
John Len Williams DIRECTOR	1 0 3 0	X						5,300	33,960	0
GARY Wasson Director	1 0 3 0	X						2,462	15,778	0
TONY Love DIRECTOR	1 0 3 0	X						818	5,242	0
Edward Hinojosa DIRECTOR	1 0 3 0	X						1,299	8,321	0
John Foos Director	1 0 3 0	X						7,425	47,575	0
Amy GALVIN CORPORATE SECRETARY	6 0 34 0			X				26,710	151,358	78,189
WILLIAM LEWELLYN VICE PRESIDENT	3 0 33 0			X				21,506	285,726	24,906
EDMUND MALASPINA VICE PRESIDENT	27 0 20 0			X				198,675	81,149	128,012
Sarah RODRIGUEZ Assistant Treasurer	5 0 35 0			X				21,164	155,203	90,909
Mark Wilson EXECUTIVE VP & TREASURER	16 0 29 0			X				173,590	230,107	198,090
Kenneth House ASSISTANT SECRETARY	17 0 13 0			X				33,086	42,109	24,762
DAVID SAGERS VICE PRESIDENT, HSS	13 0 36 0				X			72,722	135,055	92,565
JERRY WILLIAMS SENIOR VP, UNDERWRITING	1 0 39 0				X			7,311	236,398	108,229
Anthony Peccerillo CEO, HSS	13 0 32 0				X			104,811	194,649	114,788
GIBRIEL CHAM DIRECTOR, UNDERWRITING	1 0 39 0					X		4,842	156,546	41,412

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth MERRIFIED ASST DIRECTOR, UNDERWRITING	2 0 39 0					X		5,966	143,181	41,799
Leslie Whitlock ASST DIRECTOR, CORP & COMM EVENTS	6 0 39 0					X		19,866	112,575	45,513
Sherryl Sullivan Vice President, Mktg & Member Relations	9 0 29 0					X		35,903	120,196	42,229
James Stavris Chief Auditor	5 0 33 0					X		18,708	125,197	13,086

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Housing Authority Insurance Inc

Employer identification number
22-2935104

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4 Number of states where property subject to conservation easement is located ▶_____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶_____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . ▶				

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) REFUNDABLE ADVANCE - URBAN INSTITUTE GRANT	736,854
(2) DUE FROM AFFILIATE	154,118
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	890,972

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	455,631
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	455,631

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	7,140,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	7,140,479
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	7,140,479

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	7,919,204
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	7,919,204
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	7,919,204

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Company accounts for income taxes in accordance with FASB ASC 740, Income Taxes, with respect to how companies should recognize, measure, present and disclose uncertain tax positions in their financial statements The Company did not record any unrecognized tax benefits as of December 31, 2015 The Company does not believe it is reasonably possible that its unrecognized tax benefits would materially change in the next twelve months All tax years from 2012 forward are open and subject to examination by the Internal Revenue Service The Company's policy is to include interest and penalties related to unrecognized tax benefits as a component of its provision for income taxes As of December 31, 2015, the company did not record any penalties or interest associated with unrecognized tax benefits

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Housing Authority Insurance Inc

Employer identification number
22-2935104

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PUBLIC AND AFFORDABLE HOUSING RESEARCH CORPORATION 189 COMMERCE COURT CHESHIRE, CT 06410	45-1470844	501(C)(3)	861,504				Provide independent research and data to the Public and Affordable Housing industry
(2) INTERNATIONAL CENTER FOR CAPTIVE INSURANCE (ICCIE) 86 ST PAUL STREET SUITE 301 BURLINGTON, VT 05401	20-0047555	501(C)(3)	5,000				Support for summer intern program
(3) URBAN INSTITUTE 2100 M ST NW WASHINGTON, DC 20042	52-0880375	501(C)(3)	462,088				SUPPORT FOR THE ASSISTED HOUSING INITIATIVE
(4) AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	9,250				Charitable donation
(5) THE RISEUP GROUP INC 110 FOOTPATH LANE EAST HARTFORD, CT 06119	45-5512480	501(C)(3)	5,000				Charitable donation
(6) AFFORDABLE HOUSING ACCREDITATION BOARD 189 COMMERCE COURT CHESHIRE, CT 06410	46-4458654	501(C)(3)	650,866				To assist in establishing standards of measuring public and affordable housing
(7) Vermont Captive Insurance Association 180 Battery Street Suite 200 Burlington, VT 05401	22-2744474	501(c)(3)	5,400				Harry House Scholarship Donation

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Scholarships	45	130,790			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	ELIGIBILITY FOR AND PAYMENT OF GRANTS, AWARDS AND SCHOLARSHIPS IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS REQUESTS AND APPLICATIONS ARE REVIEWED BY THE BOARD AND APPROVED BASED ON NEEDS AND BENEFITS ANALYSIS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Housing Authority Insurance Inc

Employer identification number
22-2935104

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	PART 1 - LINE 4B (FROM ALL RELATED ORGANIZATIONS) DANIEL LABRIE - SERP CONTRIBUTION - $30,000 (INCLUDED IN COL C) MARK WILSON - SERP CONTRIBUTION - $11,611 (INCLUDED IN COL C) EDMUND MALASPINA - SERP CONTRIBUTION - $10,556 (INCLUDED IN COL C) DAVID SAGERS- SERP CONTRIBUTION - $8,139 (INCLUDED IN COL C) LESLIE WHITLOCK - SERP CONTRIBUTION - $5,500 (INCLUDED IN COL C)
Schedule J, Part I, Line 6a Compensation contigent on net earnings of the organization	BONUSES PAID AND ACCRUED TO OFFICERS AND CERTAIN EMPLOYEES ARE CONTINGENT UPON THE PROFITABILITY OF THE ORGANIZATION AND RELATED ORGANIZATIONS

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 22-2935104
Name: Housing Authority Insurance Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Daniel Labrie CEO Director & President	(i)	191,187	56,080	911	106,162	14,327	368,667	56,080
	(ii)	- 243,329	- 71,375	- 1,160	- 135,116	- 18,235	- 469,215	- 71,375
1 Amy GALVIN CORPORATE SECRETARY	(i)	24,861	1,849	0	7,194	4,535	38,439	1,849
	(ii)	- 140,881	- 10,477	- 0	- 40,765	- 25,695	- 217,818	- 10,477
2 WILLIAM LEWELLYN VICE PRESIDENT	(i)	10,338	11,168	0	0	1,743	23,249	11,168
	(ii)	- 137,348	- 148,378	- 0	- 0	- 23,163	- 308,889	- 148,378
3 EDMUND MALASPINA VICE PRESIDENT	(i)	158,510	40,055	110	66,833	24,055	289,563	40,055
	(ii)	- 64,743	- 16,361	- 45	- 27,299	- 9,825	- 118,273	- 16,361
4 Sarah RODRIGUEZ Assistant Treasurer	(i)	19,822	1,342	0	6,756	4,153	32,073	1,342
	(ii)	- 145,362	- 9,841	- 0	- 49,546	- 30,454	- 235,203	- 9,841
5 Mark Wilson EXECUTIVE VP & TREASURER	(i)	138,643	34,759	188	79,401	5,777	258,768	34,759
	(ii)	- 183,783	- 46,075	- 249	- 105,254	- 7,658	- 343,019	- 46,075
6 DAVID SAGERS VICE PRESIDENT, HSS	(i)	63,489	9,168	65	20,109	12,289	105,120	9,168
	(ii)	- 117,910	- 17,025	- 120	- 37,345	- 22,822	- 195,222	- 17,025
7 JERRY WILLIAMS SENIOR VP, UNDERWRITING	(i)	7,311	0	0	2,321	926	10,558	0
	(ii)	- 236,398	- 0	- 0	- 75,039	- 29,943	- 341,380	- 0
8 Anthony Peccerillo CEO, HSS	(i)	96,943	7,868	0	27,844	12,332	144,987	7,868
	(ii)	- 180,036	- 14,613	- 0	- 51,710	- 22,902	- 269,261	- 14,613
9 GIBRIEL CHAM DIRECTOR, UNDERWRITING	(i)	4,050	792	0	867	376	6,085	792
	(ii)	- 130,942	- 25,604	- 0	- 28,024	- 12,145	- 196,715	- 25,604
10 Kenneth MERRIFIED ASST DIRECTOR, UNDERWRITING	(i)	5,397	569	0	816	856	7,638	569
	(ii)	- 129,518	- 13,663	- 0	- 19,576	- 20,551	- 183,308	- 13,663
11 Leslie Whitlock ASST DIRECTOR, CORP & COMM EVENTS	(i)	16,269	3,567	30	2,794	4,033	26,693	3,567
	(ii)	- 92,193	- 20,214	- 168	- 15,832	- 22,854	- 151,261	- 20,214
12 Sherryl Sullivan Vice President, Mktg & Member Relations	(i)	33,379	2,524	0	6,841	2,872	45,616	2,524
	(ii)	- 111,744	- 8,452	- 0	- 22,902	- 9,614	- 152,712	- 8,452
13 James Stavris Chief Auditor	(i)	18,305	403	0	1,701	0	20,409	403
	(ii)	- 122,500	- 2,697	- 0	- 11,385	- 0	- 136,582	- 2,697

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Housing Authority Insurance Inc

Employer identification number
22-2935104

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	PUBLIC HOUSING AUTHORITY MEMBERS WHO PARTICIPATE IN THE INSURANCE PROGRAMS OF HOUSING AUTHORITY RISK RETENTION GROUP, INC AND HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY, ARE ELIGIBLE FOR MEMBERSHIP IN THE ORGANIZATION
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	PUBLIC HOUSING AUTHORITY MEMBERS PARTICIPATE INDIRECTLY IN THE SELECTION OF THE GOVERNING BODY BY PARTICIPATING IN HOUSING AUTHORITY RISK RETENTION GROUP, INC AND HOUSING AUTHORIT Y PROPERTY INSURANCE, A MUTUAL COMPANY
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE ORGANIZATION PROVIDES A COPY OF FORM 990 TO THE MEMBERS OF THE AUDIT COMMITTEE AND TO THE MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS AND EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THE COMPLETED FORMS ARE REVIEWED BY THE HUMAN RESOURCE DE PARTMENT TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST ANY POTENTIAL CONFLICTS ARE FURT HER EVALUATED BY THE CEO, AND IF WARRANTED, ARE BROUGHT TO THE ATTENTION OF THE BOARD FOR DISCUSSION AND RESOLUTION SIMILARLY, ANY POTENTIAL CONFLICTS OF INTEREST THAT ARE BROUGHT TO THE ATTENTION OF THE ORGANIZATION BY THE OUTSIDE AUDITORS OR BY AN EMPLOYEE OR OTHER P ERSON ARE INVESTIGATED AND RESOLVED IN ACCORDANCE WITH THE PROCEDURES DISCUSSED ABOVE
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE ORGANIZATION USES 3RD PARTY SALARY SURVEYS TO ASSIST IN DETERMINING THE COMPENSATION O F THE CEO RECOMMENDATIONS MADE BY THE GOVERNANCE COMMITTEE ARE APPROVED BY THE BOARD OF D IRECTORS THE COMPENSATION OF THE CEO IS DOCUMENTED IN AN EMPLOYMENT CONTRACT APPROVED BY THE BOARD THE LAST REVIEW FOR THE ORGANIZATION'S CURRENT CEO OCCURRED DURING FEBRUARY OF 2015 AND NOVEMBER OF 2015 FOR THE SUCCEEDING CEO
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE ORGANIZATION USES 3RD PARTY SALARY SURVEYS TO ASSIST IN DETERMINING THE COMPENSATION O F SENIOR EXECUTIVES AND EMPLOYEES COMPENSATION IS REVIEWED UPON CHANGES IN ROLES OR SIGNI FICANT CHANGES IN RESPONSIBILITY A review of all current employees occurred throughout 20 15 and 3rd party surveys are obtained during the hiring process for new employees
Form 990, Part VI, Line 19 Required documents available to the public	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
Form 990, Part IX, Line 11g Other Fees	CONTRACTED SERVICES - Total Expense 765937, Program Service Expense 727813, Management a nd General Expenses 38124, Fundraising Expenses , MANAGEMENTS CONSULTANTS COMMUNICATIONS - Total Expense 627683, Program Service Expense 627683, Management and General Expenses , Fundraising Expenses , - Total Expense , Program Service Expense , Management and G eneral Expenses , Fundraising Expenses ,
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE FULL BOARD REGARDING THE SELECTION OF AN INDEPENDENT ACCOUNTANT THE AUDIT COMMITTEE I S RESPONSIBLE FOR THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT PROCESS NEITHER THE OVER SIGHT PROCESS, NOR THE PROCESS OF SELECTING AN INDEPENDANT ACCOUNTANT HAVE CHANGED SINCE T HE PRIOR YEAR

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Housing Authority Insurance Inc

Employer identification number
22-2935104

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
(1) HOUSING AUTHORITY RISK RETENTION GROUP INC 189 COMMERCE COURT CHESHIRE, CT 06410 06-1206658	PROVIDES LIABILITY INSURANCE COVERAGE TO MEMBERS OF PHA'S IN THE U S	VT			NA		No
(2) HOUSING AUTHORITY PROPERTY INSURANCE A MUTUAL COMPANY 189 COMMERCE COURT CHESHIRE, CT 06410 06-1206659	PROVIDES PROPERTY INSURANCE COVERAGE TO MEMBERS OF PHA'S IN THE U S	VT			NA		No
(3) HOUSING TELECOMMUNICATIONS INC 189 COMMERCE COURT CHESHIRE, CT 06410 06-1386493	PROVIDE EDUCATION & RISK CONTROL THROUGH NATIONAL TELECOMMUNICATIONS NETWORK	CT	501(c)(3	9	NA		No
(4) PUBLIC AND AFFORDABLE HOUSING RESEARCH CORPORATION 189 COMMERCE COURT CHESHIRE, CT 06410 45-1470844	PERFORMS RESEARCH PROJECTS OF PUBLIC & AFFORDABLE HOUSING	CT	501(c)(3	9	NA		No
(5) AFFORDABLE HOUSING ACCREDITATION BOARD 189 COMMERCE COURT CHESHIRE, CT 06410 46-4458654	EVALUATES AND ACCREDITS PUBLIC HOUSING AUTHORITIES ACROSS THE UNITED STATES	DC	501(c)(3	9	NA		No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) HOUSING INVESTMENT GROUP INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 06-1448816	HOLDING COMPANY	DE	NA	C Corporation	0	0	0 %		No
(2) HOUSING ENTERPRISE INSURANCE COMPANY INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 06-1597889	INSURANCE	VT	NA	C Corporation	0	0	0 %		No
(3) HOUSING INSURANCE SERVICES INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 06-1314815	INSURANCE AGENCY	CT	NA	C Corporation	0	0	0 %		No
(4) HOUSING SYSTEMS SOLUTIONS INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 45-2480556	DEVELOP & MARKET ENTERPRISE SOFTWARE SOLUTIONS	CT	NA	C Corporation	0	0	0 %		No
(5) INNOVATIVE HOUSING INSURANCE COMPANY INC 189 COMMERCE COURT CHESHIRE, CT 06410 47-4611632	INSURANCE COMPANY	VT	NA	C Corporation	0	0	0 %		No
(6) HOUSING ALLIANCE GROUP LLC 189 COMMERCE COURT CHESHIRE, CT 06410 47-4650587	ASSISTING PUBLIC HOUSING AUTHORITIES	VT	NA	C Corporation	0	0	0 %		No
(7) HOUSING SPECIALTY INSURANCE COMPANY INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 46-4271747	INSURANCE	VT	NA	C Corporation	0	0	0 %		No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) HOUSING AUTHORITY RISK RETENTION GROUP INC	C	876,916	ACTUAL
(2) HOUSING AUTHORITY PROPERTY INSURANCE A MUTUAL COMPANY	C	876,916	ACTUAL
(3) HOUSING AUTHORITY RISK RETENTION GROUP INC	M	3,575,570	ACTUAL
(4) HOUSING AUTHORITY RISK RETENTION GROUP INC	L	1,689,852	ACTUAL
(5) HOUSING AUTHORITY PROPERTY INSURANCE A MUTUAL COMPANY	L	2,915,201	ACTUAL

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 22-2935104
Name: Housing Authority Insurance Inc

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
(1) HOUSING INVESTMENT GROUP INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 06-1448816	HOLDING COMPANY	DE	NA	C Corporation	0	0	0 %		No
(1) HOUSING ENTERPRISE INSURANCE COMPANY INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 06-1597889	INSURANCE	VT	NA	C Corporation	0	0	0 %		No
(2) HOUSING INSURANCE SERVICES INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 06-1314815	INSURANCE AGENCY	CT	NA	C Corporation	0	0	0 %		No
(3) HOUSING SYSTEMS SOLUTIONS INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 45-2480556	DEVELOP & MARKET ENTERPRISE SOFTWARE SOLUTIONS	CT	NA	C Corporation	0	0	0 %		No
(4) INNOVATIVE HOUSING INSURANCE COMPANY INC 189 COMMERCE COURT CHESHIRE, CT 06410 47-4611632	INSURANCE COMPANY	VT	NA	C Corporation	0	0	0 %		No
(5) HOUSING ALLIANCE GROUP LLC 189 COMMERCE COURT CHESHIRE, CT 06410 47-4650587	ASSISTING PUBLIC HOUSING AUTHORITIES	VT	NA	C Corporation	0	0	0 %		No
(6) HOUSING SPECIALTY INSURANCE COMPANY INC 189 COMMERCE COURT PO BOX 189 CHESHIRE, CT 06410 46-4271747	INSURANCE	VT	NA	C Corporation	0	0	0 %		No